



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

July 31, 2014

Renae Wiig
206 Checkerboard St.
Irwin, IA 51446

Dear Child Care Provider,

This letter is in regards to the July 30, 2014 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone. *Provider has phone list but needs to include children's physician contact information.*

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies. **DHS requirements:** You should have a written policy outlining the procedures and actions you will take in the event of a health-related emergency. The policy should address the following:

- ◆ First aid measures
- ◆ Contacting emergency medical services
- ◆ Transporting of an ill or injured child
- ◆ Contacting parents
- ◆ Care for the other children in your care during the emergency

Best practice: DHS field staff also recommended that provider include information for parents where the children will go in the event of a fire (which neighbors house, etc.).

☐ 110.5(8) Children's Files

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. *The provider had files for all children but the paperwork needed to be updated. Some files were from 2012 and earlier.*
Each file contains:

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. *4 Children were missing their updated physicals in the files.*

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. *4 children were missing their updated physicals in the files.*

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. *One child was missing his immunizations in the file.*

☐ 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B" *The provider was not over numbers at the time of the visit. This is included as a reminder to provider regarding how many children she can care for.*

☐ 110.9(1)a Not more than six preschool children present at any one time including infants.

☐ 110.9(1)b Of these six children, not more than four children who are 24 months of age or younger are present at any one time.

☐ 110.9(1)b Of the four children under 24 months of age, no more than three may be 18 months of age or younger.

☐ 110.9(1)c Not more than four additional school-age children.

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time.

☐ 110.9(1)e Not more than 12 children present when the emergency school closing exception is in effect.

☐ 110.9(1)f When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: September 30, 2014.

X _____
Signature Date

Please do not hesitate to contact me at DHS at (712) 328 - 5713 if you have any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads "Michelle Nodding". The script is cursive and fluid.

Social Worker II

A handwritten signature in blue ink that reads "Anne Matthai". The script is cursive and fluid.

Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-945-9778 .

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).